

PLACE OF BIRTH

1. County of Gila
 District of Globe
 Town of Globe
 or
 City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159
 County Registrar No. _____
 Local Registrar No. 191

No. 307 1/2 South Devereaux St. Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joyce Lee Troy Crow { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth 9 - 19 - 27
 Month Day Year

8. FATHER Full name <u>Troy Jefferson Crow</u>		14. MOTHER Full maiden name <u>Sibyl Grace Stephens</u>	
9. Residence (Usual place of abode) If non-resident, give place and state. <u>Globe, Arizona</u>		15. Residence (Usual place of abode) If non-resident, give place and state. <u>Globe, Arizona</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>25</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) <u>Linger ville, Texas</u> (State or country)		18. Birthplace (city or place) <u>Millsap, Texas</u> (State or country)	
13. Occupation Nature of Industry <u>Railroad Employee</u>		19. Occupation Nature of Industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:15 P. m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams (Physician or midwife)

Address Box 636 Globe, Arizona

Given name added from a supplemental report.

Month, day, year

Filed Sept 30, 27 W. J. Stort

Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

136-919-222